

CONCLUSIONS

Recapitulating the conclusions brought out by this investigation, they may be summarized as follows:

1. The Sippy treatment or some modification of it was used by 37 per cent. of the clinicians.

2. Frequent feedings, and fluid and soft diet were the only common features of all the treatments used, and would, therefore, seem to be the most important factors in bringing about a cure.

3. Rest, and these latter features in the cure, no matter what the specific form of treatment used, gave better results than the same features used in ambulatory cases.

The average percentage of results in all forms of treatment was: Cured, 56 per cent.; to surgery, 19 per cent. The statement was almost unanimously made that success also depended largely on long-continued dietary control.

4. The nitche very frequently disappeared in 52 per cent. of the cases of gastric ulcer, unless too large a pouch had been formed. In some cases the nitche disappeared early. The duodenal nitche rarely, if ever, disappears entirely, although it is usually reduced in size if the progress of the treatment is satisfactory.

5. The results of treatment are better in private patients than in hospital ward cases.

6. Organic cicatricial stenosis is rarely or never cured by medical means, whereas stenosis due to swelling and spasm may be entirely relieved by appropriate diet and treatment, even if it is extreme, resulting in actual gastric stasis.

Discussion

W. W. PALMER

I can heartily agree with what Dr. Carter has said regarding the aspects of the medical treatment of peptic ulcer. In this connection I would like to report, briefly, a case which came under my supervision three years ago.

An unmarried woman of 59, with a severe psychosis who gave a history quite characteristic of gastric ulcer of some 9 months' duration, revealed on physical examination an extreme sensi-

tiveness just above the umbilicus, and on gentle palpation a mass could be made out which was very tender. There was no spasm of the abdominal muscles. The G. I. series revealed a very large, perforating ulcer of the lesser curvature of the stomach. The sac, as nearly as could be made out, was at least 4 cm. long and 3 cm. wide. The temperature was normal, but there was a leucocytosis of 18,000, with a polymorphonuclear count of 70 per cent. On account of the severe psychosis, and since she was to be under close observation, it was decided not to operate immediately, as one is inclined to do, I think, in similar, uncomplicated cases.

On a modified Sippy régime, the symptoms subsided very promptly, the tenderness in the abdomen diminished, and within a month the mass was no longer palpable. An x-ray examination at this time revealed a very much smaller sac, measuring approximately 5 x 8 millimeters. The patient continued to do well, and a third x-ray plate was made in another month when Dr. Golden reported that "the projection on the lesser curvature is so small and shallow that measurements are unsatisfactory." This patient continued free from gastric symptoms for a year, when she died as the result of an accident. An autopsy was performed and the stomach removed. There was still a very small, shallow ulcer, 3 x 5 mm. and 2 to 3 mm. deep.

This illustrates what may be done in instances of this kind with medical care.

Two other cases may be reported which gave similar histories, so far as the progress of the perforating ulcer is concerned. In one case the patient died of carcinoma of the right bronchus, and a healed ulcer of the stomach was demonstrated. In the other case there was shown on x-ray examination a large sac on the lesser curvature at least 5 cm. across the mouth which diminished on medical care within one month to an area of only 3 to 5 millimeters in diameter with normal peristalsis passing over it.

Dr. Carter has emphasized the essentials in treatment, frequent feedings and a bland soft diet. The details of accomplishing this seem to me relatively unimportant. No two cases can be treated in exactly the same manner. In every instance the dietary régime must be adapted to the individual patient.